DEPARTMENT OF HEALTH AND HU 1 SERVICES

PRINTED: 04/19/2010 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 0102 B. WING 445145 04/12/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) NFPA 101, 7.2.1.8.1 5/12/10 K 021 K 021 NFPA 101 LIFE SAFETY CODE STANDARD K 021 SS≃D The copy room door will not be propped open when Any door in an exit passageway, stairway not in use. enclosure, horizontal exit, smoke barrier or Residents Affected: hazardous area enclosure is held open only by No specific residents were identified. devices arranged to automatically close all such Residents Potentially Affected: doors by zone or throughout the facility upon Residents of the facility have the potential to be activation of: affected by the cited deficient practice. The peg was removed from the copy room door. A sign was a) the required manual fire alarm system; posted on the door stating that it is to be closed when not in use. Front office staff will be inserviced b) local smoke detectors designed to detect on the importance of not propping this door open. smoke passing through the opening or a required smoke detection system; and Systemic Measures: The peg was removed from the copy room door. A sign was posted on the door stating that it is to be c) the automatic sprinkler system, if installed. closed when not in use. Front office staff will be 19.2.2.2.6, 7.2.1.8.2 inserviced on the importance of not propping this door open. Monitoring Changes: The Executive Director and front office staff will observe during routine rounds/observation, that this door remains closed when not in use. This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the doors. The findings included: During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance. At 9:05 AM, observation of the copy room revealed the door was being held open with a

Fire drills are held at unexpected times under LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

K 050 NFPA 101 LIFE SAFETY CODE STANDARD

peg. National Fire protection Association (NFPA).

TITLE

(X0) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

K 050

APR 29 20 (Continuation sheet Page 1 of 6 Facility ID: TN2602

101, 7, 2, 1, 8, 1

SS=E

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102		01 - MAIN BUILDING 0102	(X3) DATE SURVEY COMPLETED	
		445145	B. WIN	4G		04/1:	2/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 050	varying conditions, The staff is familiar that drills are part of Responsibility for plassigned only to conducted between announcement manalarms. 19.7.1.2 This STANDARD is Based on observational facility failed to train the findings included During the facility to deficiencies were not director of maintens. At 9:40 AM, observing the staff of the as required. Nation (NFPA). 101, 7.2.3 NFPA 101 LIFE SAR Portable fire exting the literature occupation of the staff of the	at least quarterly on each shift. with procedures and is aware if established routine. Itanning and conducting drills is impetent persons who are is leadership. Where drills are in 9 PM and 6 AM a coded by be used instead of audible s not met as evidenced by: ion, it was determined the in the staff in fire drills. ed: bur on 4/12/10 the following oted and verified by the ance. ation during the fire drill id to activate the alarm system al Fire protection Association AFETY CODE STANDARD uishers are provided in all incles in accordance with INFPA 10 s not met as evidenced by:			Staff will be trained in fire drills. Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the poter affected by the cited deficient practice Maintenance Staff will conduct fire dr staff on the proper response to a fire in Systemic Measures: The Maintenance Staff will conduct fin instruct staff on the proper response to building. Monitoring Changes: The Executive Director will review easummary x 3 months. Any deficient fin repeated and education of staff will be the Maintenance staff conducting the dof the reviews will be part of the month 3 months. K 064 101, 9.7.4.1. & 19.3.5.6. NF. Fire extinguishers will be checked accounter the staff conducting the dof the reviews will be checked accounter the staff conducting the dof the reviews will be checked accounter the staff conducting the dof the reviews will be checked accounter the staff conducting the dof the reviews will be checked accounter the staff conducting the dof the review of the facility have the potentially Affected: Residents Potentially Affected: Residents of the facility have the potential free the building and update the inspection equipment blocking the fire extinguished kitchen was removed. Dietary staff will	The ills to instruct to the building. The building. The drills to a fire in the chill re drill will be performed by frill. Results hly QA&A x PA 10 Driding to tial to be The extinguishers on cards. The er in the	
		ion, it was determined the ntain the fire extinguishers.				<u>.</u> .	

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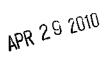
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102			(X3) DATE SURVEY COMPLETED	
445145		445145	B. WING			04/12/2010		
	ROVIDER OR SUPPLIER	OUNTAIN VIEW		13	EET ADDRESS, CITY, STATE, ZIP CODE 360 BYPASS ROAD FINCHESTER, TN 37398			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 067 \$S=D	deficiencies were in Director of Mainten Director of Mainten At 9:25 AM, observing revealed the fire ex Feburary and Marc protection Associat At 10:00 AM< observations station secundarial Actual Contracts station secundarial Contracts and the provisions of the Actual Contracts of the Actual Co	ed: Dur on 4/12/10 the following loted and verified by the ance. Pation of the therapy room stinguisher was not checked in h of 2010. National Fire ion (NFPA). 10, 4.3.1 Prvation of the kitchen, the gred unit, and the revealed the fire blocked with equipment. AFETY CODE STANDARD I, and air conditioning comply of section 9.2 and are installed the manufacturer's 9.5.2.1, 9.2, NFPA 90A, Is not met as evidenced by: In it was determined the intain the HVAC system. In it was determined the intain the HVAC system. In it was determined the intain the HVAC system. In it was determined the intain the HVAC system. In it was determined the intain the HVAC system. In it was determined the intain the HVAC system. In it was determined the intain the HVAC system.	K 0		inserviced on the importance of keeping around fire extinguishers clear of equipmother obstructions. Systemic Measures: The Maintenance Staff will inspect all fextinguishers in the building and update inspection cards. The equipment blocking extinguisher in the kitchen was removed staff will be inserviced on the importance will be inserviced on the importance equipment and other obstructions. Monitoring Changes: The Executive Director will monitor the extinguishers are checked monthly and obstruction x 3 months during routine relation. Results of the Dietary Dept. repart of the monthly QA&A x 3 months K 067 NFPA 101, 19.5.2.1, 9.2, NF 19.5.2.2 Chemicals will be stored in a room with fan. Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the poter affected by the cited deficient practice chemicals were removed form the dry Dietary staff was inserviced on the import storing chemicals in the dry storag where there is no exhaust fan. Systemic Measures: The chemicals were removed form the area. Dietary staff was inserviced on the importance of the chemicals were removed form the area. Dietary staff was inserviced on the area.	ire the ing the fire d. Dietary ce of ers clear of at the fire are ciear of rounds in the views will be FPA 90A, th an exhaust ontial to be The storage area. portance of the area or	5/12/10	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 8LEV21

Facility ID: TN2602

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(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING 445145 04/12/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD GOLDEN LIVINGCENTER - MOUNTAIN VIEW WINCHESTER, TN 37398 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) of not storing chemicals in the dry storage area or K 067 K 067 | Continued From page 3 where there is no exhaust fan. storage room revealed chemicals stored in the Monitoring Changes: room and no exhaust fan. National Fire Protection The Executive Director will monitor that no Association (NFPA), 101, 19.5.2.1 chemicals are stored in the dry storage area x 3 K 130 K 130 NFPA 101 MISCELLANEOUS months during routine rounds in the kitchen. Results SS=D of the Dietary Dept. reviews will be part of the OTHER LSC DEFICIENCY NOT ON 2786 monthly QA&A x 3 months. 5/12/10 NFPA 55,6-6 K 130 Residents Affected: This STANDARD is not met as evidenced by: No specific residents were identified. Based on observation, it was determined the Residents Potentially Affected: facility failed to comply with the life safety codes. Residents of the facility have the potential to be affected by the cited deficient practice. Staff will be The findings included: inserviced on the importance of securing oxygen cylinders. During the facility tour on 4/12/10 the following Systemic Measures: deficiencies were noted and verified by the Staff will be inserviced on the importance of Director of Maintenance. securing oxygen cylinders. Management staff will be instructed to check for secured/unsecured oxygen At 9:35 AM, observation of the B hall closet cylinders during non-clinical rounds. revealed a cylinder of oxygen not secured. Monitoring Changes: National Fire Protection Association (NFPA). 55, Management staff will check for secured/unsecured oxygen cylinders during routine non-clinical NFPA 101 LIFE SAFETY CODE STANDARD K 141 K 141 rounds. SS=D Non-smoking and no smoking signs in areas 5/12/10 NFPA 101 19.3.2.4 NFPA 99, 8.6.4.2 where oxygen is used or stored are in accordance K 141 with 19.3.2.4, NFPA 99, 8.6.4.2. The facility will post No Smoking signs in areas where oxygen is used or stored. Residents Affected: No specific residents were identified. This STANDARD is not met as evidenced by: Residents Potentially Affected: Based on observation, it was determined the Residents of the facility have the potential to be facility failed to maintain the no smoking signs. affected by the cited deficient practice. A No The findings included: During the facility tour on 4/12/10 the following

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(X3) DATE SURVEY

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		445145	B. WIN	IG		04/12	/2010	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398					
(X4) 1D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE	
	At 9:37 AM, observorm revealed oxyprecautionary sign Protection Associan NFPA 101 LIFE SAME Electrical wiring ar with NFPA 70, National Fine protection of Mainter At 9:10 AM, observational Fire protectional Fire protection Fir	noted and verified by the nance. vation of the B hall storage gen stored in the room and no posted. National Fire ation (NFPA). 99, 8.6.4.2 AFETY CODE STANDARD and equipment is in accordance ational Electrical Code. 9.1.2 is not met as evidenced by: tion, it was determined the aintain the electrical system. ded: tour on 4/12/10 the following noted and verified by the nance. vation of the Human Resource a extension cord being used. ection Association (NFPA). 70. vation of the storage closet by om revealed an electrical outlet g. NFPA 70, 110-12 revation of the clean utility room lower revealed broken light 110-12 revation of the laundry area		147	Smoking sign was placed at the door of storage room where the oxygen was sthas been inserviced on the importance No Smoking signs where oxygen is us Systemic Measures: A No Smoking sign was placed at the Hall storage room where the oxygen was staff has been inserviced on the imporposting No Smoking signs where oxygen stored. Monitoring Changes: The Central Supply clerk will monitor Smoking signs are placed wherever or or stored, during routine rounds. K 147 NFPA 70 NEC 9.1.2 The facility will maintain the electrica accordance with NFPA and NEC stan Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the potentificated by the cited deficient practice extension cord in the HR office was relectrical outlet cover in the storage of covers in both the A Wing shower room Clean Utility Room have been replaced. The covers in both the A Wing shower room clean Utility Room have been replaced to the floor around electrical panels and staff made award items within the taped area, so as not electrical panels. An electrician has been correct the gaps in the electrical padietary. Maintenance has replaced the in the Dietary Dept, with GFI receptary.	ored. Staff of posting ed or stored. door of the B was stored. trance of gen is used or that No kygen is used al system in dards. antial to be c. The emoved. The loset by the Che light om and the ed. Yellow and the c to not place to block the even contacted unels in the lee receptacles	5/12/10	
-	revealed an electi	rical panel was blocked with						

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		445145	B. WING	3		04/12/2010	
	(EACH DEFICIENC		ID PREFIX TAG		8 N OF CORRECTION EACTION SHOULD I	(X5) BE COMPLETION	
K 147	open spaces in an 110-10(a) At 10:07 AM, observealed not all of	•	K 14		er in the storage classification in the storage classification in the been replaced. The floor around the fl	oset by e light d the ellow e ot place ock the ontacted in the ptacles the ocen ied ds in the	